

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/58/716

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4						
5				1		
6				5		
7				1		
8				1		
9				2		
10				2		
11				2		
12				2		
13				2		
14				2		
15				2		
16				2		
17				2		
18				2		
19				1		
20				1		
21			1			
22			1			
23			2			
24			2			
25			2			
26			2			
27			2			
28			2			
29			2			
30			2			
31			2			
32			2			
33			2			
34			2			
35			2			
36			0			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	69	←		←
TOTAL CLAIMS			71			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						